STATE OF HAWAII
DEPARTMENT OF AGRICULTURE
Title VI Coordinator
1428 S. King St.
Honolulu, Hawaii 96814
(808) 973-9560 • FAX: (808) 973-9613
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TITLE VI DISCRIMINATION COMPLAINT FORM

HDOA

COMPLAINANT INFORMATION

Name	Last Name	First Name	Middle Name	
Address	Number and Street	City	State	Zip
Phone	Home Phone ( )	Work Phone ( )		
Job Title		School/Office		

COMPLAINANT STATUS (Check Applicable Box)

❑ Employee ❑ Applicant ❑ Volunteer ❑ Other (Specify) _____

ALLEGED OFFENDER(S) (If Known)

Name	Job Title	Organization
Name	Job Title	Organization
Name	Job Title	Organization

BASIS OF COMPLAINT (Check Applicable Box)

❑ Race	❑ Religion	❑ National Origin	❑ National Guard Service	❑ Physical/Mental Disability	❑ Domestic or Sexual Violence Victim
❑ Color	❑ Ancestry	❑ Sexual Orientation	❑ Uniform Service	❑ Marital Status	❑ Breast Feeding
❑ Age	❑ Retaliation	❑ Veteran Status	❑ Arrest/Court Record	❑ Child Support	❑ Sex, including Gender Identity & Expression
❑ Genetic Information		❑ Citizenship Status	❑ Credit History		

Date(s) of Incidents ____/____/____ ____/____/____ ____/____/____

COMPLAINT SUMMARY (Identify: Who, What, When, and Where)

(Additional pages may be submitted)

WITNESS INFORMATION (Provide Names of Witnesses)

Name	Address/Organization	Phone
Name	Address/Organization	Phone
Name	Address/Organization	Phone

Statement: The information provided above is truthful and correct to the best of my knowledge.

Date Received By CRCO:

_____ Complainant's Signature

____/____/____ Date